



**FRISCO**

**CITY OF FRISCO  
6891 MAIN STREET  
FRISCO, TEXAS 75034**

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**RELEASE OF PUBLIC RECORDS  
REQUEST FOR COPIES**

Please complete the following information:

Date: \_\_\_\_\_

Person requesting information: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INFORMATION REQUESTED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

**Note: Any requested information determined to be subject to public inspection will be made available within a reasonable time period.**

**This form request makes no guarantees that the information being requested will be subject to public inspection, and the City of Frisco reserves the right to assert any statutory exemption under the Open Records Act or any other applicable laws governing disclosure. This form does not apply if medical records are being sought.**

OFFICE USE ONLY:

Information Available By: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Destruction Date of Request: \_\_\_\_\_

**PHONE: 972-335-5551**

**FAX: 972-731-4904**